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ESERV

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged lu domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foremau," statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons As examples: engineer, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, A indefinite fubereuces of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," ample: Measles (discase causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Cau ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee ou Nomenclainjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puebperal septichac-"Heart failure," "Haemorrhage," "Inunition," "Maras-The contributory (Recommendations on statement of (secondary or intercurrent)



# N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13	PLACE OF DEATH	STATE OF MARYLAND
Co	unty desilfa	CERTIFICATE OF DEATH
		Registration Dist. No.
Vii	FULL NAME hot hamed	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE   6 SINCLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
8 p	ATE OF BIRTH  (Month) (Day (Year)	HEREBY CERTIFY, what I attended deceased from  191, to 191,  191, to 191,  191, 191,  191, 191,  191, 191, 1
7 A		and that death occurred on the date stated above, at  The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION ) Trade, protession, or rticular kind of work	from free turber,
bus	) General nature of Industry, siness, or establishment in ich employed (or empioyer)	(Ouration) yrs. mos. ds
9 B	(State or country)	Gontributory Secondary
S	10 NAME OF FATHER Sevence Sevence weeks	(Signed) O Me with M. D.  (Address) Recharge M. D.
PARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
0	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds. State yrs, mos ds
	(Informant) Way How Ducky	Where was disease contracted, If not at place of death?  Former or  usual residence.
15	(Address) 12 ordner kid	priage of Buriat OR REMOVAL DITE OF BURIAL 181
Fli	ed	Dinderanan Rachely
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; SUICIDAL, or HOMICIDAL, or as probably (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 22 1914 BUKBAU, V.S.

INS should is RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT CTLY 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, Coldance ORDIVORCED (Write the word) ZOZ DATE OF BIRTH m (Month) (Day (Year) 7 AGE It LESS than cla 1 day .....hrs. The CAUSE OF DEATH\* OR ..... 7 properly ш 8 OCCUPATION AG (a) Trade, profession, or particular kind of work supplied. be (b) General nature of Industry, business, or establishment in may ADIN which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory carefully Secondary 10 NAME OF FATHER (Signed) 80 50 back 11 BIRTHPLACE terms, RENT OF FATHER (State or country) E O 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 Instructions OF MOTHER . plai information OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER of inford ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ (State or country) \_ ds. Where was disease contracted. See If not at place of death? Former or OF usuai residence Important. PLACE OF BURIAL OR REMOVAL Every 16 80 REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution. give Its NAME instead ot street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased and that death occurred on the date stated above/at 10 (Duration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of ago. cated thus: CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease of persons engaged in domestic service for wages, as Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, especially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons "Foreman," the second (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal etc., when a definite disease can be ascertained as the oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report septichac--acci-



PHYSICIANS shoul RECORD statement PERMANENT EXACTLY. Exact classified. pe properly AGE be supplied. UNFADING may certificate. carefully s 80 00 pe In terms. pinous Instructions plai Ē EATH of I DE/ Item Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in .....Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE (Write the word I HEREBY CERTIFY, That I attended deceased from 191 ..... to. alive on ..... (Month) (Dav 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which amployed (or amployer) Contributory Secondary (State or country) (Signed) 11 BIRTHPLACE (Address) ARENT \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME Line 38 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place in the (State or country) \_\_\_\_ yrs. \_\_ \_ ds. State \_\_\_\_\_ vrs.\_\_ Where was disease contracted. If not at place of death? Former or usual residence PATE OF BURIAL 16 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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ture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal scptichaccause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



CERTIFICATE OF DEATH Registered No. PHYSICIANS of OCCUPAT lif death occurred in St: .....Ward) a hospital or Institution. RECORD give its NAME instead of street and number. ] buran MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement RMANENT 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE nn MARRIED. WIDDWED. (Month) (Dav) (Year) (Write the word) I HEREBY CERTIFY That I attended deceased from 6 DATE OF BIRTH allye on. classified. (Month) (Day) (Year) TAGE if LESS than o t day .....hrs. OR ..... 7 SOCCUPATION proper (a) Trado, profession, or O particular kind of work. Z supplied. may be (b) General nature of industry. business, or establishment in yrs. which employed (or employer) -----Contributory..... 9 BIRTHPLACE (Secondary) certificat (State or country) that 10 NAME OF FATHER (Signed) 80 jo terms, on back 11 BIRTHPLACE RENT OF FATHER (State or country) pinoda \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain d OF MOTHER Instructions 0 Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Ē At place In the OF MOTHER of Inford (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State yrs, mos. ds. Where was disease contracted. If not at place of death?-See Former or item LO usuai residence Important. jul. OFREMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto, Requesting V. S. No. 1.

PLACE OF DEATH

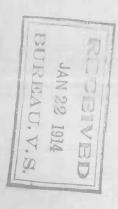
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal niaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; minc, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the dibrable causing death—Name, first, the dibrable causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologis of lungs, meninges, peritonaeum, etc...

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN S. No. 1. N. B.

PLACE OF DEATH	STATE OF MARYLAND
County havilgovery 8186	CERTIFICATE OF DEATH
	Registration Dist. No. 2/3
Village of City Nausourille,	St; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and number.]
<sup>2</sup> FULL NAME /// C	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 8 9 , 1910	May 14 , 1913, to July 6 , 1913,
(Month) (Day) (Year)	that I last saw h last
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
yrs. / 0 mos, 20 ds. OR min.?	The CAUSE OF DEATH + was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	Permus
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs
State or country) hunta Co, Mid	Gentributory / Drouble pulcusuoma (Secondary) (Duration) yrs. — mos. / 4 ds.
10 NAME OF Rathan E. Clarke	(Signed) / D house M. D.
OF FATHER	June 30, 1913. (Address) Sansowille led
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
(State or country)	of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)	Former or usual residence
(Address) Dansowille-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Jorusale - July /2 , 1913
Filed July 11 191 3 EW While REGISTRAR	Pelet Duvis Poolestille
If more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers fication, as Day luborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL poritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Never report Examples:



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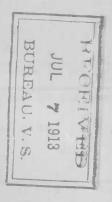
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIOOWEO, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH received, soul at (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 3 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work musul (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. ..... ds Where was disease contracted. If not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS V more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necit should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenela "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage. as etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," thcnia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse." "Coma," "Convuisions," "Debiiity" ("Conaffection need not be stated unless important. "Hart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_ Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "PUERPERAL septichae-\_ (name origin; "Can-"Exhaustion," Never report Examples: of



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully upplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain, terms, so, the full may be properly classified. Exact statement of OCCUPATION is very important. See instructions in back of contrate. BINDING MARGIN RESERVED FOR V. S. No. 1.

	Gounty MM 19 musy 8188	STATE OF MARYLAND CERTIFICATE OF DEATH
,	Village Lity Dawsonille (No. )	Registration Dist. No.  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Female White Single, married wipower, orbivorced (Write the word)	16 DATE OF DEATH 7 1913 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
	7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  1 day,hrs.  0 ormin.?	that last saw h. Ch. allve on 23 1913, that last saw h. Ch. allve on 23 1913 and that death occurred on the date stated above, at 5 A.m. The CAUSE OF DEATH* was as follows:
a dia	B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Service decay.
	10 NAME OF FATHER MUAS. DECL.  11 BIRTHPLACE OF FATHER (State or country) MUMMING.  12 MAIDEN NAME OF THE STATE OF THE STA	(Signed) (Si
alle. See mannen	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). Edward Darby	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?  Former or usual residence.
TO COMMITTED TO CO	(Address) 16 Registrar  If more blanks are needed, address State Registrar, 6	July Cully Sau 26., 1913 20 UNDERTAKER ADDRESS Boursalle

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or indust it and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every persoa, irrespective of age. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in maay For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never uportant, so that the relative lealthfulpursuits can be kaown. The question return "Laborer," "Foreman," As examples: For persons 0

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomeacla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth o cause. "Fart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Contheala," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report " Pre-RPEBAL peritonitis," etc. State cause for when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) "Gld Age," "Shock." 'Tracmla," "Weakness," Alw ys qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," "Exhaustion," miscarriage, as "Turreral septichae-(Recommendations on statement of haad-homicide; Polsoned (name origin; "Can-Examples: For viod8.:



CERTIFICATE OF DEATH goiner pinous Registered No. 2 2 2 OCCUPATION Ilf death occurred io PHYSICIANS .Ward) a pospital or institution, RECORD rive its NAME instead of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS EN EXACTLY 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE RMAN WIDOWED. I HEREBY CERTIFY, That I attended deceased from Exac tated (Month) (Day) (Year) classified pe 7 AGE If LESS than and that death occurred on the date stated above, at 11 45 Pm should 1 day .....hrs. DEATH \*, was as follows: OR ..... min. ? BOCCUPATION proper (a) Trade, profession, or AG Z (b) General nature of Industry, pe supplied. business, or establishment In O may which employed (or employer) Contributory certificate. 9 BIRTHPLACE 0) carefully o (State or country) (Secondary) 10 NAME OF 80 to be terms, on back 11 BIRTHPIACE OF FATHER (Address) ENT pinous (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-Lo AR 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions information 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. EATH (State or country) State yrs, Where was disease contracted. See If not at Blace of death?. of 0 Former or Item E OF usual residence. Important. DATE OF BURIAL Every 15 m If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same decepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis

childlifth or miscarriage, as "Puerperal scottchaccause of death approved by Committee on Nomenclascpsis, tetanus) nant neoplasms) : Measles; Whooping cough : Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aeclsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) "l'UERPERAL peritonitis," etc. Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Oan State cause for Never report Examples For vio-



No. si.

	PERSONAL AND STATISTICAL PARTICULARS
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6 D	(Month) (Day) (Year)
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	ness, or establishment in ch employed (or employer)
8 e	RTHPLACE tate or country)
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ENTS	RTHPLACE tate or country) md
TS	10 NAME OF FATHER John Healley Frage

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/1

St: Ward)

(if death occurred in a hospital or institution, give its NAME instead of street and number.]

	IAI E	DIONE OF	TIFICATE OF	DEATH	
16 DAT	E OF DEAT	H Jen	(Month)	2 2_ (Day)	, 191 3
17 200	70	EREBY CER	RTIFY, That I	attended dec	eased from
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(Signed)		U W f	ile	esville	, М.
CAUS.	ES, State (1	EASE CAUSING  MEANS OF  HOMICIDAL	INJURY; and	In deaths from (2) whether	VIOLENT ACCIDEN
At place of death Where w If not at	yrs Vas disease col t place of death	MOS	in the	INSTITUTIONS, 1	
At place of death Where w If not a Former usual re	Yrs  Vas disease colt place of death or esidence	mosntracted,	in the ds. State		JRIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question it should be used only when needed. For many occupations a single word or term on the tion is very important, so that the relative isalthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meminges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent: Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection necd not be stated unless important. ture of the American Medical Association.) Accidental drowning; Struck by railreay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Can-State cause for "Exhaustion," Examples: For vio-



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1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 221

St.; Ward)

[If death occurred in a hospital or institution. give its NAME Instead of street and number.]

toinette Dundy

8191

.... (No.....

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH  June 24, 1913., 191  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from		
June 15 1913 to June 24 1913 that I last saw half alive on 1913		
and that death occurred on the date stated above, at 2 A m, The CAUSE OF DEATH* was as follows:  Broncho = Pneumonia.		
(Duration) yrs. mos ds.		
Contributory (Secondary)  (Duration)yrsmosds.		
(Signed) Les. M. Boyer, M. D.		
June 25 , 1913 (Address) Damascus, Md.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  **18 Length of Residence (for Hospitals. Institutions, Transients, or Recent Residents)  At place in the of death yrs. mos. ds. State yrs. mos. ds		
		Where was disease contracted, If not at place of death? Former or usual residence
		Friendship Cemetery June 26 1913
20 UNDERTAKER Phillip Burriss Laytonsville		

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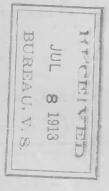
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an mine, etc. it should be used only when needed. As examples essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative Lealthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scotichacetc., when a definite disease can be ascertained as the "figart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Meastes (disease causing Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the bead of terminal conditions, such as "As "Dropsy," "Exhaustion," (name origin; "Candeath), 29 State cause for Examples:



STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an For many occupations a single word or term on the who have no occupation whatever, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons write None. The (b)

Statement of cause of death—Name, first, the disparse causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia." unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 affection need not be stated unless important. valeular heart disease; Chronic interstitial nephritis aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septielaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head "Exhaustion," Never report For vio-

If this ertificate is looked over thoroughty and all questions answered in death. It will propagate turther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU, V. S.

AUG 23 1913
BUREAU. V. S.

Re- sent to be signed

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RECORD

state Very SICIANS should OCCUPATION IS PHYSICIANS ö ponid pla ATH of DE 90 CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2.1.2 [it death occurred in St .:----Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWEO. (Day ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than 1 day, .....hrs. The CAUSE OF DEATH OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) (Address) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country At place In the ot death State ..... yrs. ..... mos. ...... yrs. ..... mos. ..... ds. Where was disease contracted. KNOWLEDGE If not at place of death? Former or (Informant) usual residence. OR REMOVAL DATE OF BURIAL (Address 15 20 UNDERTAKER ADDRESS Filed. If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative acalthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the ture of the American Mcdlcal Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for mus," "Oid Age," "Shock," 'Traemia," "Weakness," -Hart failure," "Haemorrbage," "Inanition," "Marasgenital," "Coliapse." "Coma," "Convuisions," "Debility" ("Con tbenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic Interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile." etc.). (Recommendations on statement of "Dropsy," "Exhanstion," \_\_ (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 7 1913 BUREAU, V.S.

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR S. No. 1.

VIIIage or City Japanes Panko De alice Louise	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 22 3  [it death occurred in a hospital or institution, give its NAME instead of street and number.]  St; Ward) street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fuel 4 COLOR OR RACE MARRIED, married WIGOWED, ORDIVORCEO (Write the word)  B DATE OF BIRTH  (Month) (Day) (Year)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 2 , 1913, to 2 , 1913,  that, I last saw h M alive on 3 , 1913.
TAGE    It LESS than   1 day,hrs.   1 day,hrs.   0 cmmin. ?	and that death occurred on the date stated above, at 10,45 am, The CAUSE OF DEATH* was as follows:  Pyelite aut to pregnancy  (Duration) yrs. / mos 3 ds/
which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER 7/1/0.	Contributory (Secondary)  (Doration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER 2	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Jewilla Selby  13 BIRTHPLACE OF MOTHER (State or country)  14 Conference of Country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place  In the  OR of death
(Informant)	Where wes disease contracted, Wash. De it not at place of death?  Former or usual residence 4 3 0, 1 2 4 M. R. Wash. DE
(Address) Jakum Parc, Sc.  15  Filed June 2., 1913 Heavy Registran  O if more blanks are needed, address State Registran, 6	19 RLACE OF BURIAL OR REMOVAL  STANDARD TO SURIAL  20 UNDERTAKER  ADDRESS  730-11M S. Belto, Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., sopsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Candeath), 29 ds.; Examples:



RECORD PERMANENT carefully supplied. AGE should be stated EXACTLY. 4 UNFADING INK-THIS WRITE PLAINLY, WITH item of information should be N. B.-Every 1 PLACE OF DEATH

County Moortgonery 8190	CERTIFICATE OF DEATH  Registration Dist. No. 217
	St.; Ward)  [It death occurred a hospital or institution give its NAME Insteed of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
18 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year
6 DATE OF BIRTH  Mulhururu , 1	= 17 I HEREBY GERTIFY, That I attended deceased fr
7 AGE about (Month) (Day (Year)  7 AGE about If LESS the f day,	and that death occurred on the date stated above, at
(a) Trade, profession, or farm work  (b) General nature of Industry, business, or establishment in	sudden doot from Apoplepy suffred, as no physician in
which employed (or employer)  BIRTHPLACE (State or country) Moonly, Bo. Med.	Contributory Secondary (Duration) yrs 4 mos mos mos mos
10 NAME OF Theolog Hackelt  11 BIRTHPLACE	(Signed) Chas Fargular, 78.0, M
OF FATHER (State or country) Montag. Bo, Mod	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Morela - Co. Mod	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos
(Informant) Sessio Mastrows	if not at place of death?  Former or  usual residence.
(Address) Sandy Afocus Med.  Filed 6-21-, 1913 Blas, Fargular FEGISTRAR	Sharfe Stract Country June 22, 1912 20 UNDERTAKER ADDRESS Seo, B From Leve Brighton 100

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatemeut. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is who have no oecupation whatever, write None. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a defiuite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection used not be stated unless important. valvular heart disease; Chronic interstitial nophritis oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. mere symptoms or is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," wound of head-homicide; Poisoned (Recommendations on statement of terminal couditions, such as "As-"Exhaustiou," For vio-



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S. No. 1.

	PLAGE OF DEATH 8196	STATE OF MARYLAND
	Moula ou	CERTIFICATE OF DEATH
Co	unty July	Registration Dist. No
	9.	
Vi	llage or City Luden (No,	St.; Ward) a hospital or institution,
	f . 10-11 -t	give its NAME instead of street and number.]
	FULL NAME DUS COM	CONUS UT STEEL AND HUMBER.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARKEU, // , / a	16 DATE OF DEATH COCK, 26 1913
no	cale Bloch ORDIVORCED (Write the word)	(Month) (Day) (Year)
8 0.4	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Och. 14,912	191 5, to feel 191 5,
	(Month) (Day) (Year)	that I last saw have alive on alouch July 1, 1913.
7 AG		and that death occurred on the date stated above, at 8 Pm.
	yrs. 9 mos. /2 ds. OR	The CAUSE OF DEATH* was as follows:
800	yrsds.   ORmin. ?	Mushy body, Welmed
(a)	Trade, protession, or	to spas mobile offells
,	General nature of industry,	
busi	ness, or establishment in	(Ouration) yrsmos. ds.
1	ch employed (or employer)	Contributory Esclerates
(St	RTHPLACE ate or country)	(Secondary)
1	10 NAME OF	(Duration) yrs mos ds.
	FATHER albert Hams	(Signed) , M. D.
TS	11 BIRTHPLACE	Alley 2791 & (Address) 7 nest 7 less
Z	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
AREN	12 MAIDEN NAME SOLL ANTI-	CAUSES, State (1) Means of Injury; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.
Р	The then the wife	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	At place in the
	(State or country)	of death yrs. mos. ds. State- yrs. mos. ds. Where was disease contracted.
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(	Informant, celen frems	Former or usual residence
	(Address) Leuden Mi	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16	( AUU1 855 )	July Jun 28 1013
	101	20 UNDERTAKER ADDRESS
FII	ed	Justies findle
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

mus," childbirth or miscarriage, as "Tuerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), ""Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritim oma. Sarcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. -Hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never repor nant neopiasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Puesperal peritonitis," etc. "Old Age," "Shock." Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: may be stated under the head (Recommendations on statement of "Traemia," "Weakness," (name origin; "Can-State cause for Examples: For vio-



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING V UNFADING INK-THIS IS FOR RESERVED WRITE PLAINLY, WITH MARGIN

V. S. No. 1.

N. B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Moulgomery 0100	CERTIFICATE OF DEATH
Sounty 8197	Registration Dist. No. 217
Village or City Landy Horing (No	St.; Ward)  The officers of the Barry of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Still Bow at taxue, 1913. (Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on
TAGE Nine woulty in where I day here	and that death occurred on the date stated above, atm,
yrs	The CAUSE OF DEATH* was as follows:
BOCCUPATION	llukuoww
(a) Trade, profession, or Jufaut	1
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration)mosds.
9 BIRTHPLACE (State or country)	Contributory
Meoulg. Co. Med	(Doration)yrsmosds.
10 NAME OF FATHER Robert Thomas	(Signed) Char Farquelar H. O., M. D.
11 BIRTHPLACE OF FATHER (State or country) Mooulg: Bo, Mod.  12 Malden Name OF MOTHER OF MOTHER	6-28-, 1913. (Address) Olivez, M.d.
of FATHER (State or country) Moulg. Bo. Mod	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Ollie Hollseus	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Moulz Bo. Med.	OR RECENT RESIDENTS) At place in the ot death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Ollie Hoffkins	If not at place of death?  Former or usual residence
(Address) Landy Spring, Mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 6-28-, 1913 Chas, Forgular	20 1100 507 1100
Filed 191.5 Feed REGISTRAR	Howard Hopkins Souls firms, Med

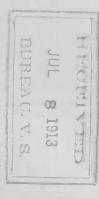
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thns: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which sprgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia ample: Meastes (disease causing death), 29 ds.; affection used not be stated nnless important. valvular heart disease; nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Cauis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercnrrent) tetanus) Always qualify all diseases resulting from (Recommendations ou statement of may be stated under the head (secondary), 10 ds. Chronic interstitial nephritis, State canse for Never report



STATE OF MARYLAND 1 PLACE OF DEATH state Very 8198 CERTIFICATE OF DEATH 8 CSICIANS should OCCUPATION IS Registration Dist. No. [If death occurred in PHYSICIANS Village or City (No. .....Ward) a hospital or institution. RECORD give its NAME Instead Haleane Howard. of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, (Month) DRDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH classified. (Year) (Month) (Day) if LESS than TAGE and that death occurred on the date stated above, at... t day, ....hrs. OR min. ? properly 8 OCCUPATION GE (a) Trade, profession, or narticular kind of work supplied (b) General nature of industry, O business, or establishment in (Duration) yrs. mos. may which employed (or employer) FADIN Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 90 I back S terms. PARENT pin OFFATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, plain OF MOTHER instructions information ATH in plair 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_.... mos. .... ds (State or country of inf Where was disease contracted. If not at place of death? item OF usual residence.... 19 PLACELOF BURIAL OR REMOVAL ы mporta DATE OF BURIAL Every 15 30 UNDERTAKER ADDRESS m ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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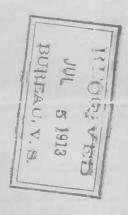
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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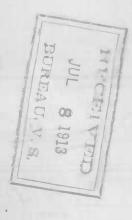
EATH
[If death occurred hospital or Institution its NAME Instead of the street and number.]
тн
9, 1913 (Year) ed deceased from 1913
Midney
mcsds  , M. 0  being voice  s from Violent hether Acciden- tions, Transients  mosds
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of iiiheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. the nature of the business or industry, and therefore an Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, As examples: For persons

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PLACE OF DEATH 85 35	STATE OF MARYLAND
- Mont Comerce Co	CERTIFICATE OF DEATH
Village or City New Pandolph Station & FULL NAME Marin Johns	Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL ČERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, Widowed, widowed, orbivorced (Write the word)	16 DATE OF DEATH June 7th, 1913 (Month) (Day) (Year)
DATE OF BIRTH ANDROWN	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw halive on,191
AGE If LESS than	and that death occurred on the date stated above, at
about 78 yrs. mos. ds. OR min.?	The CAUSE OF DEATH was as follows:
OCCUPATION MOS. DR MIN. ?	The body of This levinan ares frunk hers
(a) Trade, profession, or Mark D	OxORK, Track with fractured Obull
particular kind of work	broken legs, arm etc, supposed to
(b) General nature of Industry, business, or establishment in	are from Struck by train -
which employed (or employer)	wingwest (Ouration) yrs. mos ds.
(State or country) Mary Caux	(Secondary) hen to wanted Condition Country
10 NAME OF ANDROWN	(Signed) (Duration) yrs. mos. ds. (Signed), M. D.
2 (State or country) Auknown	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER CANDROWN	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTED
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Muster likes	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 / 7/ 5/1	Francest Glen Centry June 9, 1913
Filed,191	W. R Pamphrey Lockille Mik
If more blanks are needed, address State Registrar, 6 E	C. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulmine, etc. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: For persons "Foreman,"

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PHYSICIANS should state of OCCUPATION Is very

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#### PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 8 DATE OF BIRTH (Month) 7 AGE BOCCUPATION (a) Frade, protession, or particular kind of work.

(h) General nature of industry,

business, or establishment la

which employed (or employer)

10 NAME OF -FATHER

11 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRU

9 BIRTHPLACE (State or country)

8200

5 SINGLE,

MARRIED. WIDOWED,

OR OIVERCEO

(Day)

KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

If LESS than

f day,....hrs.

OR ..... min. ?

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

1	St.; Ward)	[it death occurred I a hospital or institution give its NAME instea of street and number.]
1	MEDICAL CERTIFICATE OF D	EATH
	16 DATE OF DEATH	11 1017
	(Month)	(Day) (Year)
-	17 I HEREBY CERTIFY, That I atto	
-	that I last aaw h alive on lec 121	
	and that death occurred on the date stated abo	ve, at 4 2 m
- 11	The CAUSE OF DEATH* was as fellows:	lsem.
	Contributory (Secondary) (Duration)	rs mos ds
	(Signed)	ivele ligh
	CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	whether ACCIDEN-
	18 LENGTH OF RESIDENCE (FOR HORPITALS, INST OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State y Where was disease contracted, It not at place of death? Former or usual residence.	ITUTIONS, TRANSIENTS.
	Deneca Wod Ju	te of Burial Luc 5 1913 DRESS Vlesvelle had



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement the nature of the business or industry, and therefore an applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," For persons "Foreman," (a)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. childbirth or miscarriage, as "Purreran septichaeetc., when a definite disease can be ascertained as the -hart failure. "Marmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Solidate etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcasles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisaged Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., oI . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



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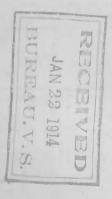
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'll death occurred in St.:....Ward) a hospital or institution. give its NAME Instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIF Y. That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. t day, hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Deneral nature of Industry. business, or establishment in (Duration) which employed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. .... \_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ Where was disease contracted. BEST OF If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURNAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Request v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of ago ness of various pursuits can be known. The question been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; SUICIDAL, OF HOMICIDAL, OF as probably (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT be stated EXACTLY. BINDING properly classified. V pinods FOR INK-THIS AGE RESERVED carefully supplied. UNFADING B.-Every item of information should be c MARGIN WITH PLAINLY,

certificate.

See instructions on back of

Important.

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PLACE OF DEATH 8 540	STATE OF MARYLAND CERTIFICATE OF DEATH
County Montgomery	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City has Dacker Huno.	St.; Ward)  [If death occurred a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Met. White (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  11  1 HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	april 15, 1913 to May 31 1913
(Month) (Day) (Year)	that I last saw h som allve on Man 31 1913
T AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
BOCCUPATION  (a) Trada, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Omanition (Duration) yrs. 2 mos. of
9 BIRTHPLACE (State or country) Manufamel	(Secondary)  (Duration) 9.0 yrs. mos. di
OF STATES OF ROOM  11 BIRTHPLACE OF FATHER (State or country) Inhomoran  12 MAIDEN NAME	(Signed) Selvare Anderson, M. [  "191 (Address) Probable Md  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Linkerous  13 BIRTHPLACE OF MOTHER (State or country)  Inhomotion	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death
(Informant), Packsille, M. d.	Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL

15 more blanks are occeded, address State Regis trar, 6 E. Franklio St., Balto., Requesting V. S. No. 1

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purreman scotichaecause of dcath approved by Committee on Nomencla "Contributory." schsis, tctanus) injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," "Heart fallure," "Haemorrhage," "Inaultion," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . of the American Medical Association.) The contributory (secondary or intercurrent) Measles (disease causing death), 29 Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (name orlgin; "Can State cause for Examples:



#### 3 SEX 6 DATE OF BIRTH TAGE certificate. 9 BIRTHPLACE (State or country) ARENTS

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BOCCUPATION (a) Trade, profession, or

particular kind of work.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

14 THE ABOVE IS TRUE TO

(Address) ---

...... 191...

(Informant)-

(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(b) General nature of Industry, business, or establishment in which employed (or employer) ....

state

1 PLACE OF DEATH County Manegar Rednice Wil Village or City

PERSONAL AND

4 COLOR

De

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

lif death occurred in a hospital or institution, give its NAME Instead of street and number.]

	8.	>	2
FULL NAME.	uco.	Q,	Magrude

STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR RACE    SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)    Month   (Day (Year)   1 LESS than   1 day,	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from 1913, to 1913, that I last saw have alive on 1913 and that death occurred on the date stated above, at 7.  The CAUSE OF DEATH* was as follows:
Laur Magnety  Med  THE BEST OF MY KNOWLEDGE  Magnety  e. ( rule Md	(Signed)
REGISTRAR	Rredneson
e blanks are needed address State Project	them 0.10 December 11 to 11 to 12 to 12

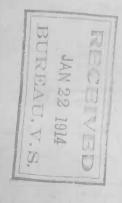
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

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N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

VIIIage or City Parett Park (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  St.; Ward)  [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIV	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY GERTIFY, That I attended deceased from
Dec ,4, 1894	, 191, to
7 AGE (Month) (Day (Yar)  1 LESS than 1 day,hrs. 0 Rmin.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, protession, or particular kind of work.	Hearlet terr
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) — Hs. mos. 6.ds.
9 BIRTHPLACE (State or country)	Secondary Carlet Town Secondary Outsilon) wrs. mos. 6 ds.
10 NAME OF FATHER Aram E. Mitchel	(Signed) ellegeles grus M. D.  191 (Address) Keusing tog Ma
Z OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted.
(Informant) The Best of My Know EDGE (Informant)	Former or usual residence
(Address)	19 LACED F BURIAL OR REMOVAL DATE OF BURIAL XULL X 1913
Filed, 191REGISTRAR	Jundertaker Holon Washington
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State childbirth or miscarriage as "Puerperal septiehae cause. mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital." "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nnless important. cause of death approved by Committee on Nomencla sepsis, tetanus) Accidental drowning; Struck by railway train—acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronehopneumonia (secondary), 10 ds. thre of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Inmor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhanstion," Never report cause for

If this criticate if topled ever thoroughly and all questions answered in detail, it will prevent author correspondence. All the data is essential and must be obtained before the certificate.

BUREAU, V. S.

AUG 2 3 1913

BURLAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

1 PLACE OF DEATH 8 \$ 4 2 County Montgomery	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2/3
Village OF CHY Rocky (No. 1)	St; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDDWED, OR DAVIORED (Write the Word)  6 DATE OF BIRTH	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (Month)  (Day)  (Year)  17  18 DATE OF DEATH
(Month) (Day) (Year)	that I last saw h allve on
7 AGE   If LESS than 1 day,hrs.   ds. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Gentributory (Duration) yrs mos (
9 BIRTHPLACE (Sinte or country)  10 NAME OF FATHER  The Menders in	(Signed) (Duraflon) yrs 5 mos (Signed) (Signed)
U 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Vaca	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the of death
(Informant) & atheran Sheals	Where was disease confracted, If not at place of death?  Former or usual residence
(Address) Then mod	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  LUNE 29, 191.
Filed	ADDRESS Reportle

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite satary), may be entered as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichaeby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nophritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Never report cause for



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1 PLACE OF DEATH

County MM Jonney 8202	CERTIFICATE OF DEATH  Registration Dist, No
Village or City Boydo. (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feecule 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw here alive on Jewe 25, 1913.
7 AGE   If LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	Paresis (Coma).
which employed (or employer)  BERTHPLACE (State or country)  Maus and.	(Guration) yrs. mos. ds.  Contributory Collinal Gurbolus. (Secondary)
10 NAME OF FATHER  11 BIRTHPLAGE  12 11 BIRTHPLAGE	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D. ) (Address) (Address) (M. D. )
OF FATHER (State or country) Manufactured.  12 MAIDEN NAMEC OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the of death
(Interment) Surie a Kn Clarke Days	Former or usual residence
(Address) 27 Jua 16	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 1913
Filed	W. 7 Kilton von Barnespelle
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health
Association.]

 Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication, as Day lavorer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative lealthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

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childbirth or miscarriage, as "Tuenperal scottchac ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENF DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "figart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," thenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for "Old Age." "Shock." "Tracmia," "Weakness." Always qualify all diseases resulting from "Senfle." etc.), (Recommendatious on statement of may be stated under the head of "Convulsions," "Debility" ("Con-"Dropsy," (name origin; "Can-"Exhaustion," Examples: For vio-£8.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact tated classified. 63 should THIS properly [2] AG INK supplied. pe UNFADING may that It ma carefully 00 of WITH pe back terms, should 0 of information s DEATH in plain See Instructions piain AINL WRITE Item OF Every item CAUSE OF Important.

state

PLACE OF DEATH Village or City (No. PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE 3 SEX WIDOWES, ORDIVORCED 8 DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE 1 day, ....hrs. OR .- min. ? yrs. \_\_\_\_ ds. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which amployed (or amployer) ..... (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country KNOWLEDGE 14 THE ABOVE IS TRUE TO 15

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22

St:....Ward)

[it death occurred in a hospital or institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day) (Year)
17   HEREBY CERTIFY, That I attended deceased from
on June 19 1913 to 191
that I last saw h alive on 191
and that death occurred on the date stated above, at
The CAUSE OF DEATH* was as follows:  Stillow Rand not  Anoun
(Duration) yrsmos ds.
Contributory (Secondary)
(Duration) yrs. mos. ds
(Signed) St. St. Stowfett, M. D.
June 19, 191 3 (Address) Lifver Lfring, mel
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Page A J'arm neu Librer thing June 20, 1913
20 ON DERTAKER ADDRESS

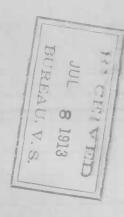
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age mine, etc. Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

inus," childbirth or miscarriage. as "Tuerperal septichae cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), thcula," "Anaemia" (merely symptomatic), "Atrophy," oma. Surcoma. etc., of .. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUEHPERAL peritonitis," etc. State cause for "Old Age," "Shock," 'Traemla," "Weakness," Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. Never report Examples:



[If death occurred in

a hospital or Institution.

give its NAME Instead

of street and number.]

DATE OF BURIAL

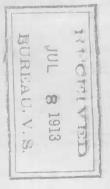
ADDRESS

[Approved by L. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	important. See instructions on back of certificate
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 Fif death occurred in Village or City ...Ward) a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIEO. WIDOWEO, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 420 ( f daw hrs. 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs. \_\_\_\_ mos. \_\_\_ ds Where was disease contracted. It not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Montgomery 8206	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 220
Village or City Buck dodg & (No,	St: Ward a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
dudatiminal Mile (Write the word)	16 DATE OF DEPHIS CANTAGE, 2 Mos, 191 (Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on
Miscancase 2 Mos. 1 day, hrs. yrs	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work	Miseamage 2nd Mo.
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
(State or country) Moulgone ery Co Mc?	(Secondary)  (Byration)  Yrs. mos. ds.
10 NAME OF John A. Reid	(Signed) M. White , M. D.
of Father (State of Country) Md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of MOTHER Thoda C. Shewart	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOLDEN-
13 BIRTHPLACE OF MOTHER (State or country)  Md	At place In the of death yrs mos ds. State yrs mos ds
TATHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or
(Informant) Buck Lodge Md	USUAL TESIGENCE
Flied Mul 25 1013 & M Whites	20 UNDERTAKER ADDRESS
REGISTRAR	noundertaker
If more blanks are needed, address State Regis trar, 6 1	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, elc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the Never return "Laborer," As examples: The question "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purreman septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," -Keart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial rephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) liways qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Can-"Exhaustlon," Never report Examples: For vio-



S. No. 1.

PHYSICIANS should state properly classifled. Exact statement of OCCUPATION is very RECORD PERMANENT AGE should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. 20

- 1	DI	A	CE	OF	DE	ATL
		. PS	UE	<b>U</b>		

Village or City

County Montgomery

8207

(No.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 217

St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Tro. N. Stawn

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  [HEREBY CERTIFY, That   attended deceased from
9 - 1 - , 1 & 6 2 (Month) (Day (Year)	2-1-, 1913, to $6-21-$ , 1913, that I last saw h Am allve on $6-20-$ , 1913.
TAGE  SOCUPATION (a) Trade, profession, or perticular kind of work  Tage  1 (LESS than t day hrs. OR min.?)	and that death occurred on the date stated above, at 7 a.m., The CAUSE OF DEATH* was as follows:  Grand altrio Selevois *  Control Requigitation
(b) General nature of Industry, business, or establishment in which employed (or employer)  Pertherace (State or country)  Macyland	Contributory acute Collitation of Irant Secondary  (Duration) yrs mos / ds.
10 NAME OF FATHER Milliam Shace  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER More alleway  13 DIRTHDIAGE	(Signed) , M. D.  6 - 21 - , 1913 (Address) Sendy Grand Means of Injury; and (2) whether Accidentals, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	At place In the of death yrs mos ds Where was disease contracted, it not at place of death? Former or usual residence
(Address) Reknelle m	19 PLACE OF BURIAL OR BEMOVAL  Rocknelle my 6-23-, 1913.  20 UNDERTAKER  M. R. Pumphre Rocknelle  PER 6 E. Franklin St. Bulto Booksting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," the second

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulessis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of...... (uame origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras geuital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," State cause for "Exhaustion," Never report



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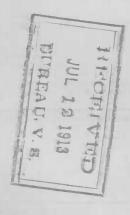
#### STATE OF MARYLAND PLACE OF DEATH 8208 CERTIFICATE OF DEATH Registration Dist. No. Fif death occurred in St.:....Ward) Village or City (No..... a hospital or Institution, give Its NAME Instead ot street and number.] <sup>2</sup>FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF GEATH 5 SINGLE. 4 COUOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Year) OROIVORCEO (Write the word) I HEREBY CERTIFY. Reat I attended deceased from 6 DATE OF BIRTH . 191 D. to. ... allve on ...... (Day) (Year) (Month) If LESS than and that death occurred on the date stated above, at 5,50 7 AGE 1 day, ... hrs. The CAUSE OF DEATH\* was as follows: mos. 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF Signed) FATHER (Address) 11 BIRTHPLACE -OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AREN (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE FOR HOSPITALA. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS. 0 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs. .... mos. .... ds (country) Where was disease contracted. 14 THE ABOVE TO TRUE TO If not at place of death? (Intermant) -«usual residence... 18 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL 15 20 UNDERTAKER AOORESS REGISTRAR In more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oa) material worked on may form part of it should be used only when needed. As examples: Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise spectstatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative Realthful For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons the second (0)

Statement of cause of death.—Name, first, the disease causing death.—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned cause of death approved by Committee on Nomencia. "Contributory." sepsis, tctanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage, as "l'urrperal septichaeetc., when a definite disease can be ascertained as the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never repor valvular heart disease; Chronic interstitial nephritis of the American Medical Association.) is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Old Age," "Shock." "Traemia," "Weakness," "Senlle," etc.), may be stated under the head (Recommendations on statement of "Convulzions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. Examples:



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PHYSICIANS should state of OCCUPATION is very RECORD ACE should be stated EXACTLY. properly classified. Exact statement PERMANENT 4 IS UNFADING INK-THIS of information should be carefully supplied.

\* DEATH in plain terms, so that it may be in See instructions on back of certificate. PLAINLY, WITH CAUSE OF Important. S

PLACE OF DEATH 8209	STATE OF MARYLAND CERTIFICATE OF DEATH
County Mmlynn	Registration Dist. No. 2/7
Village or City ashtro (No. 2)	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month)  (Day (Year)  7 AGE  (Month)  (Day (Year)  1 t LESS than 1 day,hrs. ORmin.?  8 OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	that I last saw he alive on 6-20-1913,  that I last saw he alive on 6-20-1913  and that death occurred on the date stated above, at 4Pm,  The CAUSE OF DEATH * was as follows:  Head 2 miles Homosi from 3 yrs.  Contributory Areal Dichery  Ouration 3 yrs.  Government
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Lishum Ind.	Janes of Burial or REMOVAL DATE OF BURIAL 6-22-,191. 8

Berternee me If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

mine, etc. statement. who have no occupation whatever, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as daties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, write None. As examples: "Foreman,"

pneumonia"); Icsis of lungs, meninges, peritonaeum, etc., "Croup";) fever (the only definite synouym is "Epidemic cere-CAUSING DEATH (the primary affection with respect to ("Pneumonia," brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and eausation), using always the same accepted Statement of cause of death-Name, first, the disease Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereufever (never report "Typhoid Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tnmor" for maligture of the American Medical Association.) cause of death approved by Committee ou Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State canse for childbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Can-"Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia The contributory Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; (Recommendations on statement of (secondary), 10 ds. (seeoudary or intercurrent) Never report



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certificate.

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Instructions

Important.

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state

#### Village or City \* FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) Love E OF BIRTH une (Month) (Day) (Year) 7 AGE if LESS than 1 day . 3. hrs. OR ..... 7 BOCCUPATION (a) Frade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) <sup>9</sup> BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Address) 15 O CE REGISTRAR

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;Ward)	[If death occurred in a hospital or institution give its NAME instead
win)	et street and nomber.]

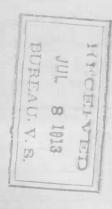
hails (Twin)	ot street and nomber.]
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	08 1913
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That	attended deceased from
, 191, to	191
that I last saw h allye on	, 191
and that death occurred on the date stated	above, atm.
The CAUSE OF DEATH* was as follows:	, , , , , , , , , , , , , , , , , , , ,
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My Mann.	444444
(Buzaklan)	
(Duranen)	yrsds.
(Secondary)	0 in 0 m 0 in 0 to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Duration)	yrsds.
1159	A,
(Signed)	deen, M. O.
28, , 1913. (Address) 500	Kerille ord,
*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.	in deaths from VioLent (2) whether Acciden-
16 LENGTH OF RESIDENCE (FOR HOSPITALS.	INSTITUTIONS, TRANSIENTS.
OR RECENT RESIDENTS) At place in the	
	yrs ds.
Where was disease contracted,	
if not at place of death?	DDD-00-04-04-04-04-04-04-04-04-04-04-04-04-
osual residence	)
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Brookeille md	June 28, 1913
20 UNDERTAKER	ADDRESS
Falher Les. W. Swails &	Brooke 100 31

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puraperal scottchaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tctanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can death), 29 State cause for Examples: For vio-



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state Very

3 SEX

7 AGE

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PARENT

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6 DATE OF BIRTH

BOCCUPATION

BIRTHPLACE (State or country)

(a) Trade, profession, or

particular kind of work. (b) General nature of industry,

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER (State or country)

business, or establishment in

which employed (or employer) .....

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

#### STATE OF MARYLAND ERTIFICATE OF DEATH

Registered No.

St; .....Ward)

[If death occurred in a hospital or institution. give its NAME instead of street and number. 1

2 FULL NAME

5 SINGLE, Si

OROIVORGEO (Write the word)

(Day)

1 day,...

MARRIEO. WIDOWED.

	MEDICAL CERTIFICATE OF DEATH
le.	16 DATE OF DEATH Still Born 28, 1913 (Month) (Day) (Year)
	17 ! HEREBY CERTIFY, That I attended deceased from
1913	that I last saw hallve on
(Year)	
if LESS than day,hrs.	and that death occurred on the date stated above, at
	Premalure Birth
	(Duration) yrsmos. ds.
	Contributory (Secondary) (Duration) yrs mos ds.
3 1	(Signed) W. F. Green, M. D. June 28, 1913 (Address) Brookerile MD,
nd.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
n.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
DGE	Where was disease contracted, If not at place of death?
A	usual residence.
	Properile Ind Jum 28 1913
GISTRAR.	Brookerille Md Jum 28, 1913.  20 UNDERTAKER Lev. W. Swais Brookerile 3d.  Brookerille 3d.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who receive a definite salary), may be entered as it should be used only when ueeded. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer for many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genltai," "Senlie," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of . cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report



N.B.

1 PLACE OF DEATH

8212

County Dut ganelof	CERTIFICATE OF DEATH			
	Registration Dist. No			
Village or City Bogan (No.), 2FULL NAME Jufan Haanske	St; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDINARCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from			
Month (Day) (Year)	that I last saw h allve on			
TAGE    LESS than 1 day, hrs.   OR min. ?  **SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at 4 P m The CAUSE OF DEATH* was as follows:			
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Maryland.	Gontributory Couvalisis (Secondary)  (Quration) / yrs. — mos. — d			
11 BIRTHPLACE OF FATHER (State or country)  Maufand  12 MAIDEN NAME  10 NAME OF FATHER Robbert Eo. Talley 11 BIRTHPLACE OF FATHER (State or country)  Maufand  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) , M.  State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, or HOMICIDAL.			
OF MOTHER COUNTS. Parker.  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE 15 TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death			
(Intermant) R. E. Talley  (Address) Boyas Md,	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Asygla. 2nd. Gran. 30., 1913			
Filed	Man Heiton How. Barnesoll			

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: For persons 0

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition." "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As nant ncoplasms); Measles; Whooping cough; Chronical Sarcoma, etc., of \_\_\_\_\_\_\_ (name origin; "Canis less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "PUERPEBAL peritonitis," etc. State cause for "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile." etc.), may be stated under the head of (Recommendations on statement of head-homicide; Poisoned "Dropsy," "Exhaustion," Never report Examples: For vio-



STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH YSICIANS shoul Registered No [If death occurred in St;.....Ward) a hospital or Institution, ECORD give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Exact statement 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, MUTULA WIDOWEO, (Month) ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) pe If LESS than 7 AGE and that death occurred on the date stated above, at ... P 1 day hrs. OR ..... min. ? perly BOCCUPATION Ш (a) Trade, profession, or d pro particular kind of work Z ed. (b) General nature of industry. be business, or establishment in supplie (Duration) may which employed (or employer) Contributory .... 9 BIRTHPLACE (Secondary) (State or country) carefully that 10 NAME OF FATHER Signed) 80 ō pe back 11 BIRTHPLACE terms, FNI OF FATHER (State or country) pino \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF MOMICIDAL. AR 12 MAIDEN NAME piain Van 7 OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS informati 13 BIRTHPLACE u At place OF MOTHER of inform DEATH See instri (State or country) OF Item usual residence. Every Iter CAUSE O Important DAJE OF BURIAL 15 m Waste. ż more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Lequesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necmaterial worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

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STATE OF MARYLAND

1 PLACE OF DEATH

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1 PLACE OF DEATH

Village or City Sauch Spring (No	CERTIFICATE OF DEATH  Registration Dist. No. 2/7  [If death occurred to a heavital or institution
Thinks of Oily	dword Thalken a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Solve G., 1912.  (Month) (Day (Year)	that I last saw h alive on , 191
TAGE  It LESS than 1 day,hrs. ORmin.?  6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at
**Mich employed (or employer)	ContributorySecondary
10 NAME OF Thomas Halker	(Signed) Blos, Fargular 76, O, M.
11 BIRTHPLACE OF FATHER (State or country) Movely, Bo. Md.  12 MAIDEN NAME OF MOTHER MORE & B. M.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT:
13 BIRTHPLACE OF MOTHER (State or country) Mondo. Co. Mod	At place ot death yrs mos ds. State yrs mos d  Where was disease contracted,
(Informant) 16 any & Malker	It not at place of death? Former or usual residence
(Address) Fandy Horning, Md.  16 Filed 6-2/-, 1913 Blass Fargular PEGISTRAR	Sharfe Street Buestar G - 21 - , 1913  20 UNDERTAKER  Peo, R. Snowden Brighton, Med  istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

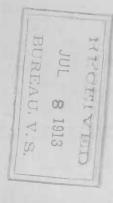
STATE OF MARYLAND

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HE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	of Information should be carefully supplied. ACE should be stated EXACTLY. PP. DEATH in plain terms, so that it may be properly classified. Exact statement of see instructions on back of certificate.
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UND	of information should be oarefully sup DEATH in plain terms, so that it ma see instructions on back of certificate.
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LACE OF DEATH 8216 Registration Dist. No. Village or City (No. 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEX OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED Write the word) 8 DATE OF BIRTH that I last saw h . alive on ...... (Day) (Year) (Month) If LESS than TAGE t day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment lo (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. d OF MOTHER 0. OR RECENT RESIDENTS. 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. State (State or country Where was disease contracted. 14 THE ABOVE IS THUE TO THE BEST KNOWLEDGE If not at place of death? Former or usual residence. 19 REACE OF BURIAL OR REMOVAL 15 29 UNDERTAKER

RECISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

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[If death occurred in -Ward) a hospital or institution. give its NAME instead of street and number.]

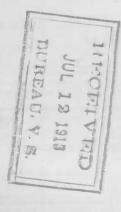
MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended degrased from and that death occurred on the date stated above, at \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may he stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUERPERAL scptiehaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -h art failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopneumonia (secondary), 10 ds. affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-



#### N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state . CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Montyonery 8217	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
VIIIage or City Brookerille (No	St.; Ward)  [If death occurred a hospital or institution give its NAME insterned at the street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	June 15 , 1913 , to June 18 , 1913 that I last saw him allve on June 18 , 1913
7 AGE   It LESS than 1 day,	and that death occurred on the date stated above, at
(a) Frade, protession, or Cld Saldier particular kind of work  (b) General nature of Industry, business, or eatablishment in which employed (or employer)  BIRTHPLACE (State or country)	(Buration) — yrs. — mos. 44 ds Contributory (Secondary)
10 NAME OF FATHER Donk Know	(Signed) (Duration) yrs mes ds (Signed) (Address) (Signed) (M. D
OF FATHER (State or country)  Mailen Name OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Paraly	Where was disease contracted, If not at place of death?  Former or usual residence.
Filed June 18, 1913 W. J. Green 3. D. Deb. Joeal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Malional Cerular Orlington of June 19., 1913.  20 UNDERTAKER  Leo. W. Cashell Semohine Md.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma, etc., of heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



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	PLACE OF DEATH	STATE OF MARYLAND	
	8218	CERTIFICATE OF DEATH	
Go	unty	Registration Dist. No. 230	
Vi	lliage or City Allman (No	St.; Ward)  [If death occur a hospital or lnst give its NAME of street and num	titution. Instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
		16 DATE OF DEATH	
3 SE	MARRIED, MATTURE WIDOWED, MATTURE (Write the word)	(Month) (Day) (Yes	)/3 (ar)
60	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased	from
	(Month) (Day) (Year)	that I last saw h alive on June 2 0 18	91. <i>3.</i> , 91. <i>3</i> .
7 A C		and that death occurred on the date stated above, at 5.30	1. m
80	20 yrs. 9 mos. 17 ds. OR min.?	The CAUSE OF DEATH* was as Iollows:	ia.
	Trade, profession, or House Wife	1	
(b) bus	General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) yrs. / mos.	ds.
9 81	RTHPLACE (at e or country)	(Secondary)	
	10 NAME OF Richard H Hicking	(Signed) EW. White	, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCHTAL, SUICIDAL, Or HOMICIDAL	LENT DEN-
PAR	of MOTHER Mollie Magah	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos	ds
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	*********
	(Interment) Mto Mory young	Former or usual residence	**********
	(Address) VELLING	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	h
1 5 Fl	184 June 27, 1913 J. M. Hhile Local REGISTRAR	20 UNDERTAKER ADDRESS THILTON WA I SALL CONFESSION	1913
=6	of more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	H

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," mia," "Puespesal peritonitis," etc. State cause for childbirth or miscarriage, as "Turrereal scottchaecause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of had-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chroniu oma. Sarcoma. etc., of ... ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as 'Heart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent; is less definite; avoid use of "Tumor" for malig-"Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: Examples:

